FEC

STATEMENT OF

FORM 1	ORGANIZATI	ON		
i Oiliwi i	(See instructions)		C	office use only
NAME OF COMMITTEE (in f	(Check if name E is changed) o	Example: If typying, type over the lines	12FE4M5	
GRAND TRUNI	(RAIL- ILLINOIS CENTRAL RAIL CO	PAC (GTR-ICR PAC)		
ADDRESS (number and s	treet) 17641 S. ASHLAND AVEN	IUE 		
(Check if address				
is changed)	HOMEWOOD			60430
	CITY	′▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail ad	ddress)		
(Check if address is changed)	alcox@comerica.com			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address				
is changed)	1			
2. DATE 0 9	10 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER C C	00095117		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
4. IO THIS STATEM	THE MENT (IV)	AWIENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowledge	e and belief it is true, correct and	l complete	
Torre or Dist Name of S	reasurer ROGER A. COBB			
Type or Print Name of T	reasurer			
Signature of Treasurer	Electronically Filed by ROGER A. COI	BB	Date 09	10 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subje	, , ,	•	s of 2 U.S.C. §437g.
Office		For further information co		
Use		Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC	Form 1 (Revised 02/2009)			Page 2	
5. TYPE OF COMMITTEE (Check One) Candidate Committee:					
(a)	This committee is a principal campaign con	mmittee. (Complete the	e candidate informati	on below.)	
(b)	This committee is an authorized committee information below.)	e, and is NOT a princip	al campaign commit	tee. (Complete the candidate	
Name of Candidate					
Candidate Party Affilia	Office Sought:	House	Senate	State President District	+
(c)	This committee supports/opposes only one	candidate, and is NO	an authorized com	mittee.	
Name of Candidate					
Party Com	nittee:				
(d)	This committee is a	(National, State (or subordinate) com	mittee of the	(Democratic, Republican,etc.) Pa	ırty.
Political Ac	tion Committee (PAC):				
(e) X	This committee is a separate segregated fu	nd. (Identify connected	l organization on line	6.) Its connected organization is a:	
	X Corporation	Corporation w/o	Capital Stock	Labor Organization	
	Membership Organization	Trade Associati	on	Cooperative	
	In addition, this committee is a L	obbyist/Registrant PA	C.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyis	st/Registrant PAC.			
	In addition, this committee is a Leader	ship PAC. (Identify sp	onsor on line 6.)		
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundr	aising Representative:				
(g)	This committee collects contributions, pays f committees/organizations, at least one of wh				
(h)	This committee collects contributions, pays for committees/organizations, none of which is a				
Cor	nmittees Participating in Joint Fundraiser				_
	1.		FEC ID number	C	
	2.		FEC ID number	C	
	3.		FEC ID number	C	
	4.		FEC ID number	С	

	FEC Form 1 (Revised 02)	(2009)		Page 3
W	rite or Type Committee Name			
	GRAND TRUNK RAIL- IL	LINOIS CENTRAL RAIL CO PAC (GTR-IC	CR PAC)	
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraisi	ing Representative, or Leade	rship PAC Sponsor
Ш	GRAND TRUNK WESTER	N RAILROAD, INC.		
	Mailing Address	17641 S. ASHLAND AVENUE	<u> </u>	
		HOMEWOOD		60430 _ 1345
		CITY▲	STATE ▲	ZIP CODE
	Relationship: X Connected Organization	Affiliated Committee Joint Fur	ndraising Representative	Leadership PAC Sponsor
	possession of Committee I Full Name Mailing Address	PAC SERVICES MC 2250		
		P.O. BOX 75000		
		DETROIT		48275 _ 2250
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	RECORDK	<u>=EPER </u>	elephone number	- <u>371</u> - <u>5562</u>
8.	name and address of any	and address (phone number optional) of t designated agent (e.g., assistant treasurer)		itee; and the
	of Treasurer ROGEF	R A. COBB		
	Mailing Address	17641 S. ASHLAND AVENUE		
		HOMEWOOD	IL	60430 1345
	Title or Position ♥	CITY 🛦	STATE ▲	ZIP CODE A

708

Telephone number

332

3954

TREASURER

	FEC Form 1 (Revised 02	:/2009)		Page 4
	Full Name of Designated Agent			
	Mailing Address _			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Teleph	none number	
9.	Banks or Other Depositories safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	mmittee deposits funds, hol	lds accounts, rents
	COME	RICA BANK		
	Mailing Address	PAC SERVICES		
		P.O. BOX 75000		
		DETROIT	MI	48275 _ 2250
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, Depository, etc.			
	Mailing Address			
		CITY 🗖	STATE △	

Banks or Other Depositories safety deposit boxes or maintain		nmittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		I	ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising F	Representative, or Leader	[ADDITIONAL]
Mailing Address	17641 S. ASHLAND AVENUE		
	HOMEWOOD		60430
elationship:	СІТУ▲	STATE ▲	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising F	Representative Lead	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE &	ZIP CODE A
	Tele	phone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	